WASH in Health Care Facilities
Global action plan update and examples of progress

20 March 2018
World Health Organization and United Nations' Children's Fund
Agenda

Objectives
- Provide an update on global activities
- Provide an opportunity for the global community to share and exchange
- Highlight inspiring examples from select regions/countries

Part I. Health updates
UNICEF Health/WASH (Lizette Burgers/Irene Amongin, UNICEF)
Quality of care network (Zainab Naimy, WHO)
Infection prevention and control (IPC, WHO)
Health systems strengthening and UHC (Melissa Bingham, WHO)

Part II. Select global WASH in HCF updates
Monitoring (Rick Johnston, WHO/JMP)
Standards/strategies and facility work (WASH FIT) (Maggie Montgomery, WHO)
Country intervention: Supportive WASH-IPC mentoring in Liberia (MoH Liberia)
Partner intervention: Systems strengthening and sustainability (various partners)

Conclusions / (Lizette Burgers, UNICEF)
Global action plan for WASH in health care facilities

Vision
By 2030, to ensure that every health care facility, in every setting, has safely managed, reliable water, sanitation and hygiene facilities and practices to meet staff and patient needs in order to provide quality, safe people-centered care with particular attention to the needs of women, girls and children.

Advocacy from all partners

Technical inputs into focus areas
Government commitments
External support
Facility improvements and community engagement

Embedding WASH in key health initiatives and frameworks
Timeline of efforts

April 2014
First global meeting
Madrid

July 2015
- Two year work plan developed

March 2015
- First multi-country review released
- Second global meeting in Geneva
- Action Plan Endorsed

October 2015
Online learning portal established

November 2015
WASH FIT tested and implemented

April 2016
Strategy and research meetings
London

Mar 2017
Global learning event
Nepal

May 2018
Strategic consultation

Nov/Dec 2018
SDG Baseline

2030
WASH in all health care facilities

Sept 2018
- Strategic consultation, Washington DC
- Strategy and Solns Document

Oct 2018
- Global meeting, Washington DC

Sept 2016
First "deep dive" Ethiopia

Mar 2017
Global learning event Nepal

May 2018
Strategic consultation

2030 WASH in all health care facilities

Ongoing
Implementation and adaptation of tools, integration into health trainings and packages

Nov/Dec 2018
SDG Baseline
WASH in HCF at UNICEF
Irene Amongin, UNICEF
WASH in HCFs within the SDGs

**Target 6.1** By 2030, achieve universal and equitable access to safe and affordable drinking water for all

**Target 6.2** By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

**Target 3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

**Target 3.2** By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
WASH in HCFs in the WASH Strategy

UNICEF 2016–2030 WASH Strategic Framework

Vision
Realization of the human rights to water and sanitation

Objectives
By 2030, achieve universal and equitable access to safe and affordable drinking water for all
By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

Programming Principles
• Reduce inequality
• Sustain access to services at scale
• Promote resilient development
• Strengthen accountability at all levels
• Contribute across SDGs
• Integrate humanitarian and development programming
• Strengthen national systems

Programming Approaches
• Strengthen enabling environments
• Utilize evidence to promote child rights
• Leverage sustainable financial resources
• Build sustainable markets
• Empower communities
• Deliver services and supplies

Results Areas
• Water
• Sanitation
• Hygiene
• WASH in Institutions
• WASH in Emergencies

*Approaches and Areas represent a global “menu” to be tailored to country context

Evidence-based programming and monitoring
UNICEF HEALTH STRATEGY

Focus on care around time of birth for mothers and newborns
In 2015, 303,000 women died during and following pregnancy and childbirth.

Every year, 2.6 million babies die before turning one month old.

http://www.who.int/mediacentre/factsheets/fs348/en/
Quality of MNH care

WASH is Critical for Quality of MNH Care

The healthcare environment can place a mother and newborn at risk of developing an infection – contributing to mortality and morbidity.

Running water and hand washing are fundamental requirements for good infection prevention practice.

Without a clean and functional toilet, mothers can not/will not stay in the health facility for the desired time period.

- Good WASH services → Reduced neonatal mortality and morbidity
- Good WASH services → Reduced rates of maternal and neonatal sepsis
- Good WASH services → Ensures privacy and dignity

Milestones so far
(Knowledge exchange and learning)

- Capacity building (WASH/IPC; WASH FIT)
- Development of WASH FIT (with WHO)
- Global learning event (Nepal)
- Maternal and newborn health (Malawi)
- Baseline Assessments -Quality Improvement initiative
- Secondary analysis of WASH in HCFs-West African (in partnership with Columbia University)
- Scoping of WASH in HCFs- LACRO
Priorities 2018
(Capacity Building)

- Online course in collaboration with Emory University (GE)
  Policy makers and HCFs administrators and managers

- National strategies and WASH FIT; quality improvement teams, infrastructure improvements on WASH and IPC

- IPC orientation for sick born care units (Bangladesh, Ghana and Tanzania)

- Mapping of WASH in HCFs programmes
Quality of care for mothers and newborns
Zainab Naimy, WHO
Critical time for global health

- MDGs to SDGs
- Universal health coverage
- Two complementary strategies with shared objectives
  - Every Newborn Action Plan (ENAP)
  - Ending Preventable Maternal Mortality (EPMM)
- Global Strategy for women's children's adolescent's health
- Survive, thrive, transform
The vision

- In the context of the drive towards Universal Health Coverage
- Every mother and newborn receives quality care throughout the pregnancy, childbirth and postnatal periods

Quality, Equity, Dignity: Improving quality of care to achieve ambitious SDG targets to end preventable, maternal, newborn and child deaths
Quality of Care framework for MNH

1. Evidence based practices for routine care and management of complications
2. Actionable information systems
3. Functional referral systems
4. Effective communication
5. Respect and preservation of dignity
6. Emotional support
7. Competent, motivated human resources
8. Essential physical resources available

Individual and facility-level outcomes

Coverage of key practices | People-centred outcomes
---|---
Health outcomes
WHO Network to Improve Quality of Care for Mothers and Newborns

**Vision**

Every mother and newborn receives quality care throughout pregnancy, childbirth and postnatal period

**Values**

Quality, equity and dignity

**Measure of success**

Halving maternal and newborn deaths in health facilities in five years

**Strategic objectives**

1. To build and strengthen national institutions and mechanisms for improving QoC in the health sector
   - National governance structure for QoC is established and functioning
   - National operational plan for improving QoC in MNH services is developed, funded, monitored and regularly reviewed
   - National advocacy and mobilization agenda for QoC is developed and implemented

2. To accelerate and sustain implementation of QoC improvements for mothers and newborns
   - WHO evidence-based standards of care for mothers and newborns are developed and adapted
   - National package of improvement interventions is developed, adapted and implemented
   - Clinical and managerial capabilities to support implementation of interventions are developed, strengthened, and sustained

3. To facilitate learning, share knowledge and generate evidence on QoC
   - Mechanism to share knowledge and support a learning network are developed and strengthened
   - Data systems for QoC improvement are developed, strengthened and used
   - Data and practice are analyzed and synthesized to generate evidence-based on QoC improvement

4. To develop, strengthen, and sustain institutions and mechanisms for accountability on QoC
   - National framework and mechanisms for accountability on QoC are established and functioning
   - Monitoring and reporting framework for the programme is developed and implemented
   - Impact of the global initiative on MNH quality of care is evaluated

**Outputs**

**Implementation principles**

**Implementation**

Accountability, scalability, sustainability and participation

Government-led strategies, plans and implementation

- WHO
- Implementing partners
- Professional associations
- Academia
- Civil societies
- Donors

Network management support (WHO)

Quality, Equity, Dignity: Improving quality of care to achieve ambitious SDG targets to end preventable, maternal, newborn and child deaths
THE NETWORK for Improving Quality of Care for Maternal, Newborn & Child Health (January 2016-June 2017)

http://qualityofcarenetwork.org/

Rapid mapping of QoC situation in countries

Orientation on QoC standards & implementation science

First partner coordination call Agreement to work together as a Network

Implementation guidance Effective implementation Interventions Proposed Learning Platform

QoC standards

Government commitment & stakeholder engagement
- Bangladesh
- Côte d’Ivoire
- Ethiopia
- Ghana
- India
- Malawi
- Nigeria
- Uganda
- QoC landscape analysis

Countries
- Road maps developed
- Structures galvanized
- Preparation for implementation

Network coordination & development
- Working groups
- Webinars
- Website

January 16 June 16 August September October 16 February 17 June 17
What has been achieved to date

- 10 countries engaged
- Standards and implementation guidance prepared
- Network launched
- Network website launched
- Webinars series initiated
- Based on country roadmaps, 2018 implementation milestones agreed in Dec 2017
- Next phase of implementation
- Global working groups activated
Infection prevention and control
Julie Storr, WHO
WHO IPC priorities for 2018

1. IPC as a key measure and priority to prevent the spread of antimicrobial resistance (AMR)
2. Technical support to countries
3. Prevention of surgical site infection (SSI)
4. Development and dissemination of an advanced IPC training package
5. Focus on sepsis including implementation of the sepsis resolution
IPC to prevent the spread of AMR

Advocacy and awareness raising
- Development of policy briefs
- Promotion of IPC and WASH as central to the protection of patients from the harm of AMR

New guidelines
- Focus on multimodal strategy, hand hygiene, surveillance, contact precautions, patient isolation, environmental cleaning, CRE-CRAB-CRPsA surveillance cultures of the environment, monitoring, Audit and Feedback
- Implementation package and SOPs

http://www.who.int/infection-prevention/publications/focus-amr/en/
Country support will focus on:

- National IPC programme strengthening
- IPC integration in the AMR national action plans
- Facility assessments & implementation of IPC Core Component guidelines
- IPC training
- HAI surveillance
- Injection Safety
- Integration with WASH activities/quality policy
Advanced IPC training package & e-learning modules

- Leadership and IPC program management
- Prevention of urinary tract infections
- Prevention of catheter-associated bloodstream infections
- Prevention of respiratory tract infections
- Prevention of infections in surgery
- Reprocessing of medical devices
- Outbreak management in healthcare settings
- IPC to control antibiotic resistance
- HAI surveillance
- Injection safety

http://www.who.int/infection-prevention/tools/core-components/en/
Implementation of the sepsis resolution

- 70th WHA - Sepsis report and resolution
- Global report by 2019
- Report of healthcare-associated sepsis
- Guidance Principles for sepsis prevention
- Sepsis prevention pathway infographic & video
- 5 May 2018 – focus on sepsis and hand hygiene
Health systems-quality and resilience
Melissa Bingham, WHO
WHO Global Learning Laboratory for Quality UHC

To create a safe space to **share** knowledge, experiences & ideas; **challenge** those ideas & approaches; and **spark** innovation for quality UHC.

**Share**
Members share experiences, knowledge and ideas from the country level - lessons learned are disseminated across the globe.

**Challenge**
Members challenge experiences, knowledge and ideas – driving new and different ideas and understanding.

**Spark**
Members generate innovative ideas to support a collaborative task, activity or programme to be further developed in-country.

The Focus of the GLL

- National Quality Policy & Strategy
- Technical Areas & QUHC
- Compassion

- Universal Health Coverage
- Quality
- Compassion
- WASH
- MCH
- NQPS
Learning – Deep Dive in Ethiopia Catalysing Change elsewhere...
WHO Twinning Partnership for Improvement

TWINNING PARTNERSHIPS FOR IMPROVEMENT

TELEWOYAN MEMORIAL HOSPITAL AND NAGASAKI UNIVERSITY HOSPITAL

Situational assessment report: quality improvement and patient safety – Telewoyan Memorial Hospital and Lofa County Health System
Part II. Global action plan on WASH in health care facilities updates

Areas
- Advocacy and policy
- Monitoring
- Evidence
- Facility level improvements

Outputs
- Infographics on AMR, quality UHC
- Indicators for SDG 6 and HMIS
- Reviews on health impact and care satisfaction
- WASH FIT implemented in 15 countries

Outcomes
- WASH included in major health strategies
- WHO "winnable battle"
- Stronger advocacy, smarter research
- Immediate improvements, empowered staff

Impacts
- Reduced infections
- Quality care
- Cost savings
- Patient & staff satisfaction
- Better health
- Safer, happier communities
WASH in HCF Monitoring
Rick Johnston, WHO/UNICEF Joint Monitoring Programme
<table>
<thead>
<tr>
<th>Water</th>
<th>Sanitation</th>
<th>Hand hygiene</th>
<th>Health care waste</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic service</strong>&lt;br&gt;Water from an improved source is available on premises.</td>
<td><strong>Basic service</strong>&lt;br&gt;Improved sanitation facilities are usable, separated for patients and staff, separated for women and allowing menstrual hygiene management, and meeting the needs of people with limited mobility.</td>
<td><strong>Basic service</strong>&lt;br&gt;Hand hygiene materials, either a basin with water and soap or alcohol hand rub, are available at points of care and toilets.</td>
<td><strong>Basic service</strong>&lt;br&gt;Waste is safely segregated into at least three bins in the consultation area and sharps and infectious wastes are treated and disposed of safely.</td>
</tr>
<tr>
<td><strong>Limited service</strong>&lt;br&gt;Water from an improved source is available off-premises or an improved water source is on site but water is not available.</td>
<td><strong>Limited service</strong>&lt;br&gt;Improved sanitation facilities are present but are not usable, or do not meet the needs of specific groups (staff, women, people with limited mobility).</td>
<td><strong>Limited service</strong>&lt;br&gt;Hand hygiene stations at either point of care or toilet, but not both.</td>
<td><strong>Limited service</strong>&lt;br&gt;Waste is segregated but not disposed of safely, or bins are in place but not used effectively.</td>
</tr>
<tr>
<td><strong>No service</strong>&lt;br&gt;Unprotected dug well or spring, surface water source; or there is no water source at the facility.</td>
<td><strong>No service</strong>&lt;br&gt;Pit latrines without a slab or platform, hanging latrines and bucket latrines, or there are no toilets or latrines at the facility.</td>
<td><strong>No service</strong>&lt;br&gt;Hand hygiene stations are absent or present but without soap or water.</td>
<td><strong>No service</strong>&lt;br&gt;Waste is not segregated or safely treated and disposed.</td>
</tr>
</tbody>
</table>

*e.g. running water*
Data with JMP for 2018 report

• Total
  – 290 surveys (85 C)
    • 115 EmONC
  – 111 reports (40 C)
  – 98 datasets (31 C)
  – 43 C: report or data
    • 8 EmONC
  – No HMIS

• Since 2012
  – 162 surveys (53 C)
    • 20 EmONC
  – 75 reports (32 C)
  – 81 datasets (27 C)
  – 37 C: report or data
    • 20 from AFRO
    • Most only 1 report/data
WASH in delivery rooms

- Developed with WHO teams (Infection Prevention and Control, Maternal and Child Health, Quality of Care), UNICEF, SoapBox, AMDD, USAID, Emory...
- Water, sanitation, hygiene, health care waste, cleaning
- Challenges
  - Formatting of questions
  - Stratification of results
  - Placenta management
  - EmONC data reflecting mainly hospitals
- Next steps
  - Piloting underway, preparing for 2018 JMP report
Illustrative WASH results from EmONC Assessment data
Distribution of expected deliveries according to service level of facility where attended, for WASH, hand hygiene and sanitation service ladders, Ghana EmONC 2010

Source: AMDD
Policies and Strategies
Maggie Montgomery, WHO
Standards, strategies and facility improvements

National standards development and implementation

• 93% countries have policies but only 25% fully implementing - 2016/2017 GLAAS data

• Package of tools (i.e. minimum standards, national strategy, action plan)

• Importance of specialized materials: i.e. health care waste management

• Accountability and integration with wider health efforts (i.e. IPC, child and maternal health, AMR)
Standards, strategies and facility improvements, contin

- Implemented in *at least 15 countries* with varying focus (quality of care, maternal/newborn services, cholera hotspots, ebola)
- Monitoring and follow-up by government, and partners
- Mobile app (www.washfit.org= tested in Cox's Bazaar
- Need to further adapt for both small and large facilities and settings (i.e. paediatrics)
Snapshot from Liberia-IPC/WASH Mentoring
Questions?

More information and useful links

Knowledge portal: www.washinhcf.org

To subscribe to WHO/UNICEF WASH in HCF newsletter or share updates: www.washinhcf.org/signup

Twitter: @wash_for_health

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